

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Oklahoma

**INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES**

No additional information is requested beyond  
requirements identified in 42CFR 435.948(a)(1) thru (5).

STATE <u>OK</u>	A
DATE REC'D <u>SEP 18 1986</u>	
DATE APPV'D <u>OCT 2 1986</u>	
DATE EFF <u>SEP 30 1986</u>	
HCFA 179 <u>86-11</u>	

New 09-30-86

TN No. 86-11  
Supersedes  
TN No. new

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